

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A RECOMBINANT MONOCLONAL ANTIBODY TO PHOSPHOTYROSINE-CONTAINING PROTEINS

the specification of which [X] is attached hereto or [] was filed on _____ as Application Serial No. _____ and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s):

			<u>Priority Claimed</u>	
			Yes	No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, Section(s) 119 and/or 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: John N. Bain (Reg. No. 18,651); John G. Gilfillan, III (Reg. No. 22,746); Elliot M. Olstein (Reg. No. 24,025); Raymond J. Lillie (Reg. No. 31,778); William Squire (Reg. No. 25,378); and Alan J. Grant (Reg. No. 33,389). Address correspondence and telephone calls to:

Alan J. Grant, Esq. c/o Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein, 6 Becker Farm Road, Roseland, NJ 07068 - (973) 994-1700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Dominic Eisinger

Inventor's signature: _____ Date: _____
Residence: East Hill Road, Keene, NY 12942 Citizenship: USA
Post Office Address: same

Full name of second joint inventor Lynn Stiles

Inventor's signature: _____ Date: _____
Residence: 3 McKenzie Pond Road, Saranac Lake, NY 12983 Citizenship: USA
Post Office Address: same

A RECOMBINANT MONOCLONAL ANTIBODY TO PHOSPHOTYROSINE-CONTAINING PROTEINS

Full name of sole or first inventor: Arthur LaMarche

Inventor's signature: _____ Date: _____

Residence: 26 Lake View St., Lake Placid, NY 12946 Citizenship: USA

Post Office Address: same

Full name of second joint inventor Thomas Jelinek

Inventor's signature: _____ Date: _____

Residence: 32 Holly Hill Road, Lake Placid, NY 12946 Citizenship: Canada

Post Office Address: same

Docket No: 724650-3

096537155-090100

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENT

ATUS

37 CFR 1.9(f) and 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am

☐ the owner of the small business concern identified below:☒ an official of the small business concern empowered to act on behalf of the concern identified below:NAME OF CONCERN: UPSTATE BIOTECHNOLOGYADDRESS OF CONCERN: 199 Saranac Road, Lake Placid, NY 12946

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the number of persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled:

A RECOMBINANT MONOCLONAL ANTIBODY TO PHOSPHOTYROSINE-CONTAINING PROTEINS

inventor: Eisinger et al

described in:

☒ the specification filed herewith☐ application serial no. _____ filed _____☐ patent no. _____, issued _____

If the rights held by the small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or as a nonprofit organization under 37 CFR 1.9(e).

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention availing to their status as small entities. (37 CFR 1.27)

NAME: DOMINIC EISINGERADDRESS: EAST HILL Rd LAKE PLACID NY 12942☐ Individual☒ Small business☐ Nonprofit organization

NAME: _____

ADDRESS: _____

☐ Individual☐ Small business☐ Nonprofit organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or as the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF PERSON SIGNING DOMINIC EISINGERTITLE IN ORGANIZATION R&D LAB MANAGERADDRESS OF PERSON SIGNING EAST HILL Rd LAKE PLACID NY 12942SIGNATURE [Signature] DATE 6-30-00

CARELLA, BYRNE BAIN, GILFILLAN, CECCHI, STEWART & OLSTEIN
6 Becker Farm Road - Roseland, NJ 07068 - (973) 994-1700

Docket No: 724650-3